PTO/SB/05 (08-03).

Approved for use through 07/31/2006. OMB 0651-0032
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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.		416272005200					
First Inventor		Marc K. HELLERSTEIN					
Title DEUTERATE TESTS FOR MEASUREMI		D GLUCOSE OR FAT TOLERANCE HIGH-THROUGHPUT ENT OF THE METABOLISM OF R FATTY ACIDS IN THE BODY					

		<u> </u>	1 - 7 - 1									
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
	smittal Form (e.g	.7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)										
	claims small ent	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)										
3. X Specificati		a. Computer Readable Form (CRF)										
, (preferred a - Descrip	b. Specification Sequence Listing on:											
- Cross F - Statem	i. CD-ROM or CD-R (2 copies); or ii. Paper											
. or a co	nce to sequence lis imputer program lis	ting appendix		c. Statements verifying identity of above copies								
' - Brief St	ound of the Invention ummary of the Inve	ntion	·	ACCOMPANYING APPLICATION PARTS								
`- Detailed	escription of the Dr. d Description	awings (if filed)		9.	*				et & document(s))			
- Claim(s	i) ct of the Disclosure	_	· · ·	10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney								
4. X Drawing(s	4. X Drawing(s) (35 U.S.C. 113) . [Total Sheets 6] 11. English Translation Document (if ap,								if applicable)			
5. Oath or Declara	Oath or Declaration (UNSIGNED) [Total Sheets 2]					12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
a. Newly	13. Preliminary Amendment											
		lication (37, CFR 1.63(d of with Box 18 completed))) .	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
i. 🗀 📮	DELETION OF I	NVENTOR(S)		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)								
n	signed statement at lamed in the prior a lee 37 CFR 1.63(d)			Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).								
. 5	ee 37 CFK 1.63(0)	(2) and 1.33(b).		Applicant must attach form PTO/SB/35 or its equivalent. 17. Other:								
6. X Application	n Data Sheet. S	eë 37 CFR 1.76 - 2 pg s	;									
		ON, check appropriate b				nation	below and ir	the	first sentence of the			
Continuati	, I	an Application Data Shonal Continua	ıtion-in-part ((of prior applic	ation N	No.:					
Prior application		لنا		•		Art U			·			
For CONTINUATIO	ON OR DIVISION	NAL APPS only: The er				ation, f	from which a		th or declaration is supplied			
		nly be relied upon when							is hereby incorporated by ited application parts.			
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X Customer Number: 20872				, OR	Correspondence address below							
Name	Name											
Address												
City State			Zip Code					t				
Country Telephone						F	ax					
Name (Print/Type) Michael R. Ward Registration No. (Attorney/Agent) 38,651						38,651						
Signature Date November 4, 2003												
							,					

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 990 374 873 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below

Dated: November 4, 2003

(Lilia Olsen)

PTO/SB/17 (10-03)

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CCC TO A MORNITTAL		Complete if Known							
FEE TRANSMITTAL	- . [Application Number				Not Y t Assigned			
for FY 2004		Filing Date				Concurrently Herewith			
		First Named Inventor				MARC K. HELLERSTEIN			
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name				Not Yet Assigned			
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit				Not Yet Assigned			
TOTAL AMOUNT OF PAYMENT (\$) 885.00		Attorney Docket No. 416272005200							
METHOD OF PAYMENT (check all that apply)	T			FEE	CALCUL	ATION (co	ntinued)		
Check Credit Money Other None	3. A	DDITI	ONAL						
X Deposit Account:					•				
Deposit Account 03-1952	L'arge Fee	Entity	Small	Entity	-				
Account Number 03-1952	Code	(\$)	Code	(\$)		Fee Desc	ription	Fee Paid	
Deposit Account Morrison & Foerster LLP	1051	130	2051	65	Surcharge -	– late filing fe	e or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge -	- late provisi	onal filing fee or cover	ŀ	
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130		h snacificatio	•		
						English specification			
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812		_		parte reexamination of SIR prior to		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Examiner a	ction			
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner a	publication o	of SIR after.		
FEE CALCULATION	1251	110	2251	. 55	Extension f	or reply within	n first month		
1. BASIC FILING FEE	1252	420	2252	210			second month		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1253	950	2253	475	Extension for	or, reply, withir	third month		
Fee Fee Fee Fee Fee Pee Pee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension f	or reply within	fourth month		
1001 770 2001 385 Utility filing fee 385.00	1255	2,010	2255	1,005	Extension for	or reply within	n fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of A				
1003 530 2003 265 Plant filing fee	1402	330	2402	165	•	f in support o	f an appeal		
1004 770 2004 385Reissue filing fee 1005 160 2005 80 Provisional filing fee	1403 1451	290 1,510	2403 1451		•	oral hearing	lie une proceeding	- 1	
	1452	110	2452	55		evive – unav	lic use proceeding		
SUBTOTAL (1) (\$) 385.00	1453	1,330	2453	665		evive - uninte			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665		fee (or reiss			
Extra Fee from	1502	480	2502	240	Design issu	•	•		
Claims below Fee Paid Total Claims 66 -20 = 46 x 9 = 414.00	1503	640	2503	320	Plant issue		•		
Independent 5 3 = 2 x 43 = 86.00	1460	130	1460	130		the Commiss	sioner.		
Claims Unitiple Dependent 145 = 0.00	1807	50	1807	50			CFR 1.17(q)		
	1806	180	1806	180	_		n Disclosure Stmt		
Large Entity Small Entity Fee	8021						ssignment per		
Code (\$) Code (\$) Fee Description	0021	40	8021	_. 40	property (tin	nes number (of properties)		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 CFR 1.	129(a))	final rejection		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385		ditional inver 37CFR 1.129			
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385			xamination (RCE)		
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for of a design	expedited ex	camination		
and over original patent	Other	ı fee (sped	cify)		oi a uesiyii	apprivation			
SUBTOTAL (2) (\$) 500.00		ced by E		ling Fee	Paid	SUBTO	TAL (3) (\$)	0.00	
**or number previously paid, if greater; For Reissues, see above						· · · · · · · · · · · · · · · · · · ·	<u> </u>		
SUBMITTED BY (Complete (if applicable))									
Name (Print/Type) MICHAEL R. WARD		ration No ey/Agent)		,651		Telephone	415/268-6237		
Signature Michael RW	TAILUTTE	, _{fragent})	Ŀ.			Date	November 4, 2	003	